Case: <u>1:16-cv-03175</u> Document #: 7 Filed: 04/19/16 Page 1 of 42 PageID #:59 4/19/2016
THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT
CLERK, U.S. DISTRICT Eastern Division MAR 1 1 2016 PAA 3-11-16 THOMAS G. BRUTON Bednago Harper CLERK, U.S. DISTRICT COURT case no-16-cv-3175 * Tom Dart Judge John J. Tharp Jr. * Superintendent Walsh Magistrate Judge Jeffrey Cole " Division 10 Health Care Unit Supervisor, Connie Manella * Nurse Teffenson * Nurse Nancy Chuckykmal * Nurse Monica Abner * Dr. Jane Dol * Correctional Officer Mr. Patterson + Mr. /Ms. Oseda of Inmate Services Administration * CRW Ms. McCoy (Correctional Rehabilitation Worker) * CRW Platoon Counselor N. Jones * Head CRW Supervisor Mr. Mueller * Assistant State's Attorney John E. Murnay I. Twisdiction and Venue 1. This is a civil action authorized by 42 U.S.C. Section 1983 to redress the deprivation, under color of state law, of rights secured by the Constitution of the United States. This court has jurisdiction under 28 U.S.C. Section 1331 and 1343 (a) (3) · Plaintiff Secks declaratory relief pursuant to 28 U.S.C. Section 2201 and 2202. Plaintiff Claims for injunctive relief are authorized by 28 V.S.C.

2/20

Section 2283 and 2284 and Rule 65 of the Federal Rules of Civil Procedure.

2. The Northern District is an appropriate venue under 28 U.S.C. Section 1391 (b) (2) because it is where the events giving rise to this claim occurred.

IL Plaintiff

3. Plaintiff, Bednago Harper, is and was at all
times mentioned herein a detained in the custody
of the Cook County Dept. of Corrections (C.C.D.O.C.)
He is currently confined in the Cook County
Jail in Chicago, Illinois.

The Defendant's

4. Defendant, Tom Dart, is the director of the Cook County Dept. of Corrections. He is legally responsible for the overall operation of the department and each institution under it's junisdiction, including Division 10 of the Cook County Jail, where plaintiff Harper is currently confined.

3/20

County Jail Met

730 ILCS 125/3 I superintendent; personne! I

Sec. 3. The Sheriff may appoint a superintendent

of the jail, and remove him at his pleasure,

for whose conduct and training he shall be

responsible. The Sheriff also shall be responsible

for the hiring and training of all personell

necessary to operate and maintain the jail.

PA 83-1073. Sheriff Tom Dart, Director

of the look County Dept. of Corrections, is

responsible for the hiring and training of

all personnel necessary to operate and

maintain the jail facilities.

5. Defendant, Superintendent Walsh, is the cument superintendent of Division 10 in the look County Jail. He is legally responsible for the operation of Division 10 and for the welfare of all the defaints in that division.

6. Defendant, Division 10 Health Care Unit Supervisor Connic Manella, is the supervisor of all predical personnel employed in the Health Care Unit of Division 10. She is responsible for all their actions in dispensing medications and health care services to the detainers housed in Division 10.

- 7. Defendant, Nurse Jefferson, is a nurse employed by the Cook County Dept. of Corrections. Here duties include the daily mobile dispensing of prescription medications to detainers. She has direct daily contact with the detainers in the housing units, and is authorized to send detainers directly to the medical dispensary for medical freatment if the need anises.
- 8. Defendant, Nurse Maney Chuckukmal, is a nurse employed by the Look County Dept of Corrections, whose duties mirror the same duties as the nurse mentioned above.
- 9. Defendant, Nurse Monica About, is also a nurse employed by the look County Department of Corrections. Her duties are the same as those mentioned in 7 and 8.
- 10. Defendant, Doctor Jane Dot, is a medical doctor employed by the look Count. Dept. of Corrections. She is authorized to give directions to the nurses working under her authority. On or about 8-12-15 she was authorized to give directions for Nurse Mariea Amber. concerning the medical freatment of plaintiff.

1. Defendant, Correctional Officer Mr. Patterson,
is a correctional officer of the C.C.D.O.C., who
at all times mentioned in this complaint, held
the position of tier officer, and was assigned
to unit 4B of Division 10 in the Look County Jail.

12. Defendant M. Oseda, is an employee of the C.C.D.QC. working in Inmate Services Administration. At all times mentioned in this complaint, Oseda was employed in I.S.A. and gave response to grievaness filed by plaintiff.

13. C.R.W. Ms. Melog, is a social worker assigned to Unit 4B in Division 10 of C.C.J. At all times mentioned in this complaint she was responsible for the handling of grievances filed by detainers housed in that unit. Defendant.

14. Defendant, J. Mueller, is the head director of the C.R.W. social workers, and is responsible for the actions of all the social workers under his jurisdiction.

15-A Assistant State's Attorney John E. Wurnay
18 the State's attorney assigned as counsel for the
defendants in plaintiff's initial complaint. He was instrumental
in supplying the proposed remedy of the Shee insorts
that contributed to the cause of the infection of
plaintiff's foot. Defendant.

15-B Defendant, CRW/Plateon Counselor N. Jones, is the plateon counselor who reviews and signs all griwants that allege staff use of force, staff misconduct, and emergency grievants. If the grievance is of a serious nature, the superintendent must initiate immediate action.

Ho. Each defendant is sued individually and in his for her official expacity. At all times mentioned in this complaint each defendant acted under color of stat law.

IV Facts

17. Un Friday, July 31, 2015, plaintiff, Bedrago Harper, developed a severe rash on his hands and arms, and his right foot and and had betome painfully swellen. He should the resh to Nurse Jefferson and requested freatment.

Plaintiff also fold Nurse Jefferson that he was experiencing pain in his swellen right foot and andle. She replied that he should fill out a medical request slip. The swelling of plaintiffs foot was a result of plaintiffs attempt to utilize the remady of shee inserts that were previded as a result of the confiscation of his orthopedic footwar. The inserts were supplied under the direction of f. S. A. John Wharnay.

18. On Saturday morning, August 1, 2015, plaintiff
Noticed that the rash had beeme worse, and
again abouted Nurse Teffenson. It was at this
time that the plaintiff also should the rash to
Officer Pattason, who was assigned to work
tive 48. Plaintiff also notified Nurse Teffenson
that the Swelling and pain had grown worse,
and asked to be sent to the dispensary for
examination. Nurse Teffenson again denied his
request and once again suggested that the
plaintiff fill out a medical regulate plip.

19. It was at this time that plaintiff asked
Officer Patterson if she could arrange for him
to be sent to the dispensary for examination.
Officer Patterson denied this request and also
suggested that plaintiff fill out a medical
regrest slip. It was then that plaintiff told
Officer Patterson that the rash and the
swilling in his fact and ankle had become
much were and he was in need of
immediate medical treatment. Again,
Officer Patterson denied his request to
be allowed access to treatment.

8/20

20. On Sunday, August 2, 2015, plaintiff again
Notified Officer Patterson of his worsened

condition, and also the nurse dispensing medications,

Nancy Chuckukmal. Plaintiff disclosed that the

rash and the swelling in his foot and ankle

was growing worse and lawsing him pain. Both

told him there was nothing they could do.

21. Nurse Tefferson, Officer Pathoson, and
Nurse Nancy Chuckukmal were made objectively
and subjectively aware of plaintiff's need for
medical freatment but failed to respond.
There was no mistaking the fact that the
highly visible rash on the plaintiff's hands
and arms, as well as his visible swollen
right foot and ankle were clear indications
that he was in vigent need of medical
freatment.

22. On Tuesday, Angust 4, 2015, plaintiff fold Nurse Jeffenson that he had filled out the medical regards slip as required but due to his worsened condition; was in need of immediate medical treatment. At this time that fact was visibly unmistakable. It large blister had formed between the too of plaintiffs right foot, with a flowing discharge. The right foot had become inflated like a football. from the swelling. Case: 1:16-cv-03175 Document #: 7 Filed: 04/19/16 Page 10 of 42 PageID #:68

25. This is not an isolated incident. Upon information and belief of a study conducted by the Department of Justice, Cook Country Jail fails to provide adequate and timely acute care to inmatis with serious or potentially serious allote medical conditions. CCJ's acute care SUNICES Substantially depart from generally accepted correctional medical care standards. We identified grossly inadequate care that Ind to prolonged suffering and premature deaths of inmates at Cook County Jail. Acute care Was so deficient that inmates suffered Medlessly because medical staff failed to ensure that inmates met schiduled appointments, failed to monitor acute conditions, and failed to timely freat inmati's conditions. We found numerous instances where CCJ's failure to adjuntily 055155 and freat inmates likely contributed to preventable deaths, amputations, huspitilizations, and unnecessary harm.

Jeffenson, plaintiff was sent to Cermak Health
Sorvices. Upon examination by the physician at
Cermak, he was informed that the outbreak an
his arms and hand was due to some unknown
allergic reaction. In further examination disclosed
a servere infection in his right foot, which in turn
had caused the painful swelling in the foot and
ankle. The physician noted that the plaintiff should
have been provided treatment much sounce, and
immediately made arrangements for plaintiff to
be sent to Stroger's Hospital Emergency Unit
for medical treatment.

27. Plaintiff was examined by doctors at Spriger's and prescribed medication to help with the allergic reaction. If farther examination revealed for the swellers plistered area between the for and on top of plaintiff's right foot had been caused by friction between the foot and his footwer. The friction had caused the skin h break and opened the area of the foot that had been affected to he a breeding ground for infection. The inserts that had been provided to the plaintiff as a remark for a previous compaints directly caused the friction did to the clavation of the foot against the ecciling of the short. The possible and cheaply constructed country shows were not substitutable in soming the purpose and disign in the construction of medically prescribed orthopodic footweat.

29. Just as a hamme land be used to do the work of a job that requires a drill, medially improper shes cannot replace the function of shes flat were scientifically designed for the purpose of medical orthopodic footwear. Certain people, whether they be diabetics, arthritics, or sufferers of other medical embitions concerning their feet, may not be able to wear just any make of shee. Medical conditions involving the feet differ, and the remody supplied to the plaintiff in the form of the shee inserts, combined with the poorly constrailed country issued shees, were simply inadequate for his whedically diagnosed foot embition, and caused further damage.

29. Plaintiff was supplied the proposed runidy of the shot inserts on July 24, 2015, and attempted to utilize the inserts in runidy of the problem outlined in his original complaint. However, due to the unsuitable and inadequate support in the emstraction of the coardy issued shors, his fuf have been caused further damage, most notably the foot infection and the resulting pain and swelling that resulted from it. Orthopedic footwar is orthopedic footwar, and it cannot be picced together using an incompatible combination of inadequately made shore and shore and

13/20.

With no Knowledge of podiately or esthopselve footwear, much for the Sake of claiming to have supplied a remedy. Attorneys, nurses, or correctional officers are not qualified podiatrists. In orthopselic shoe and footwear pieced to hapefully form the function of orthopselic footwear are two entirely different things, and neither can be substituted to replace the other.

30. This is not an effort on behalf of the plaintiff to be difficult or uncooperative. The Shoe inserts May be Suitable if Combined with more Suitable footwear, but it has been proven prinfully obvious that they are not sufficient for the podiatric condition suffered by the plaintiff. The supplied shoes and inserts do not constitute the medical construction of orthopodic footwear that the plaintiff medically requires. Furthermore, the shoes and inserts have caused the plaintiff further damage to his feet.

31. The Doctor at Grager's Hospital prescribed a swen day regimen of antibiotics to be falen four times a day. This was to fight the infection that had developed in the right foot of plaintiff.

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32. Five days into the treatment, Nurse Monica Amber called plaintiff to dispensing for a dressing Change and routine examination of the infected foot. It was then that Nuise Amber made the delision to disrigard the delter's orders and discontinue the antihistics freatment, to the plainliff's disagreement. Plantiff received no dressing change or prescribed antibiotics treatment. 33. Un or about August 12, 2015, Nuise Abouter (Abner) informed the Docks working in the dispensary, now listed as Dr. Jane Dot, that she was discontinuing the artibiotic fratment. With no Hamination or questions asked, Dr. Jane Dut concurred, even though the antibiotic friatment hadn't been faken to the full I day form as prescribed by the Street Doctor Discontinuing a regimen of antibioties before the fall from places the patient at risk of diveloping a Stronger infection that may be resistant to the antihitles that have been prescribed for the purpose of fighting it. Murse Monica Amber placed plaintiff at further and fature risk by discontinuing the regimen of antibioties Without consulting with the doctor at Striger's who prescribed it. Or June Doc is equally at fault by concurring with Narsa Abour without examing the plaintiff or consulting with the doctor who originally prescribed the antibiotics. Upon examination, 9-9-15, ointmest treatment to fight foot fungues and infliction reinstated by. M. Patel .PA-C

15/20 .

I Exhaustion of Administrative Remedies

34. Plaintiff used the grievance procedure available at Cook County Jail to try and solve the problem. On 8-4-15 and 8-6-15, plaintiff presented the facts relating to this complaint. On 8-18-15 and 8-25-15, plaintiff was forced to resubmit grimanes Concerning the delay I devial of medical treatment for his foot infection. This was due to there being no response given to his previously filed grievances. Plaintiff received a control number (2015 x 3966) for the griwance filed 8-4-15, but nothing further as far as a response. On 8-25-15 CRW Norker Meloy returned a Non Grisvance (Reguest) to the above numbered grievance, which was clearly not a "regarst" but a ligitimate gritance discoving of an appropriate response. In following days, plaintiff received more Non frimance (Request) responses to his previously filed griwaness concerning the delay Idenial of medical freatment resulting from the inserts and county issued footwar. these untimely responses were delivered by Ms. McCoy, N. Jones, CRW Plateon Coanselor, M. Oseda of Innate Services Administration, as well as non-responses from CRW Supervisor Mr. Mueller. With this matter of non-response and passing the buck, as well as untimely responses that force a detained to file the

16/20.

Same grievance relating to the same subject all over again it is easy to understand that the process has been intentimally made extremely confusing, and the bouncing around from department to department Can go on indefinitely without achieving any progress in terms of a resolution. This Cotch-22 Situation of deliberate obstruction by CLOOL staff prake the exhaustion of administrative remedies nearly impossible. If remedy that LLOOC officials, predical or security staff prevent a detainer from Utilizing is not an available remidy under 42 U.S.C. 8 1997 e (a). Each of the aforementioned are being Sued for their participation in the obstructing of the grimance process that obstructed the plaintiff's efforts to exhaust administrative rundits in this Complaint

To clossic example of this, on Angest 28, 2015 at approximating 8:40 ft. M. CRW Ms. Miling, on his daily rounds to pick up gricianis. Aprosid appropriate when the stated "I'm tired of this," upon being handed a griwance by plaintiff regarding a response from Cerman field Services for province 2015 x 3966 concerning the delay Idenial of medical protocolet. On 9-11-15, 9-22-15

plaintiff was finally sent a response saging that

On 9-22-15, 9-25-15 he appealed the decision of the grinance.

the grimance had been denied

Case: 1:16-cv-03175 Document #: 7 Filed: 04/19/16 Page 17 of 42 PageID #:75 /20 Social worker Mr. McCoy, Platoon Counselor N. Jones, M. Oseda of Inmate Services Administration, and Head Supervisor Mr. Mueller were each repeatedly notified of the repetitious untimeliness in the processing of the grisvances filed by the plaintiff. Each failed to respond to the violations of plaintiff's constitutional rights, though those Violations were brought to their attention via the griwance process. Plaintiff maintains that the mishandling of filed grievants interferes and obstructs the exhausting of administrative remedies prerequisite to court actions. Cook County Juil Personall's delays and untimeliness in responding to plaintiff's griwants has made his empireous and ongoing efforts to exhaust administrative remedies extractly hard, if not virtually impossible. Plaintiff has made it clear through his griwaness that he has been caused further damage to his feet as a result of the supplied remedy of the Shoe insures During the deposition with States Afterny John Murray, plaintiff spoke "off the record "notifying plu pluray that he would also be filing suit concerning the new damages. As a result, plaintiff linkends that it is probable that the filing of this now such and the continuous obstructions to the griwante process may be interlinked. CCJ officials seck to immunize themselves from suit by establishing procedures that in practice are not available because they are impossible to comply with or simply do not exist.

18/20.

VI Ligal Claims

35. Plaintiff realleges and incorporates by reference paragraphs 1-35.

36. The failure to provide adequate fraining and deliberate indifference to medical needs caused further pain and suffering for the plaint of, and violated his rights and constituted cruel and unusual punishment, a due process violation under the fifth and fourtunts formendments to the U.S. Constitution.

37. The plaintiff has no plain, adequate or complete remedy at law to redress the wrongs discribed herein. Plaintiff has been and will confinue to be irrepenably injured by the Conduct of the defendants unless the court grants the dellaratory and injunctive relief plaintiff seeks.

III Prayer for Relief

Wherefore, plainliff respectfully prays that this Court enter judgement granting plaintiff:

38. A dellaration that the acts and omissions described herein violated plaintiff's rights under the Constitution and laws of the United States.

39. A poelininary and permanent injunction ordering defendants Dark and Walsh provide CODOC employers with adequate fraining that will proposely assess Claims for the need of medical freatment, and for compleyers such as Manse Jeffenson.

Murse Nancy Chuckukmal, and Menica Aboke, as well as Dr. Jane Doc, he more artensive to geneine serious predical needs of detainers.

Finally a ravision of the grievance precess in Cook County Jail that would fairly and comprehensively allow defainers the rightful opportanity of appeal the decision in filed grievances in reduce to whomast administrative remedits.

40. Compensatory domages in the amount of \$ 25,000 against each defendant, jointly and severally.

41. Punified damages in the amount of \$25,000 against tach defendant.

42. A jury frial on all issues friable by

43. Plaintiff's Losts in the suit.

44. Any additional relief the tourt drims just, proper, and equitable.

Valed: Verember 30 2015

Respectfully Submitted, Bulmago Harper

I have read the foregoing complaint and hereby verify that the matters alleged therein are true; except as to matters alleged on information and belief, and, as to those, I believe then to be true. I certify under penalty of perjury that the foregoing is true and wrett.

Executed at Chicago, Illinois
on Wormber 30, 2013
Bedrago Harper #2011112058
CCDOL Div. 10 4B
P.O. Box 089002
Chicago, IL 60608



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COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

ď	GRIEVANCE	NON-GRIEVANCE	(REQUEST

CONTROL#

(Formulario de Queja del Preso)	0514092	JUL X3400					
! This section is to be completed by Program	Services staff - ONLY! (! Para ser llend	ado solo por el personal de Program Services !)					
GRIEVANCE FORM PROCESSED AS):					
☐ EMERGENCY GRIEVANCE		CERMAK HEALTH SERVICES					
GRIEVANCE	7.0	SUPERINTENDENT:					
NON-GRIEVANCE (REQUEST)							
Program Services Supervisor Approving Non-Grievance							
	ATE INFORMATION (Información de RINT - <u>FIRST</u> NAME (<i>Primer Nombre</i>):	ID Number (# de identificación):					
Harper	Bednago	2011 1112 058					
DIVISION (División):	VING UNIT (Unidad):	DATE (Fecha):					
10	45	3 1 4 1 13					
INMATE'S BRIEF SUMM/	ARY OF THE COMPLAINT (Breve Re	sumen de los Hechos del Preso):					
 Inmate Disciplinary Hearing Board decisions ca When a grievance issue is processed as a NO 	e a grievance is required to do so within 15 days on whot be grieved or appealed through the use of a N-GRIEVANCE (REQUEST), an inmate may re-subricate in the response to the request or the response.	n Inmate Grievance Request/Response/Appeal Form. nit the grievance issue after 15 days to obtain a "Control					
* Las decisiones del Comité Disciplinario de los presos, no * Cuando una Queja se procesa como una QUEJAS NO	runa queja, se le requiere que lo haga dentro de l podrán ser cuestionadas o Apeladas a través del D (PETICION), un preso podría re-someter una Que rque no hay una respuesta o porque la respuesta	uso del Formulario de Quejas/Respuesta/Forma de Apelación. ja después de los 15 días para recibir un "Numero de Control",					
PLEASE INCLUDE: Date of Incident – Time of Incident – Specific Location of Incident (Por Favor, Incluya: Fecha Del Incidente – Hora Del Incidente – Lugar Específico Del Incidente)							
Developed a rash on a	ms and pants on	8-1-15. On 8-2-15 I					
posted the rosh had gone	a mail sweet and	spreaded also to me					
leys and me right Look	was also snother.	Abertal more and filled					
Not yellow medical reas	my fum. Atled	owse and C.O. Pat Herran					
H = could be allowed	to dispension be	ben pair began to orche					
in arm and smaller	fort and anth.	Trosh on arms on 8-3-15					
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to C.O. Presson and	+ NO Man to see	that is had become					
much wase than when	or woll report	ed. Clear to see that					
mutical freatment is	as immediately	needed.					
ACTION THAT YOU ARE REQUESTING (Acción que esta solicitado):	That masses and	C.O.S alow defances					
acces to medical trea	torent in motiesa	the savere cases where					
and from have gree		Werst					
NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING (Nombre del personal o presos que tengan información:)	THIS COMPLAINT:	Bedrage Harry					
SUPERINTENDENTS/DIRECTORS/DESIGNEES OF A DIVISIO	N/UNIT MUST REVIEW AND SIGN ALL GRIEVA	NICES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT,					
AND EMERGENCY GRIEVANCES. IF THE INMATE (CRW/PLATOON COUNSELOR (Print):	SRIEVANCE IS OF A SERIOUS NATURE, THE SU SIGNATURE:	JPERINTENDENT MUST INITIATE IMMEDIATE ACTION. DATE CRW/PLATOON COUNSELOR RECIEVED:					
11 / 502	111000	8,5,6					
SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):	SIGNATURE:	DATE REVIEWED:					

(FCN-47)(NOV 11)

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COOK COUNTY SHERIFF'S OFFICE (Oficina del Alguacil del Condado de Cook)

GRIEVANCE	NON-GRIEVANO	E (REQUEST
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					uct and emergency grievances.
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NON-GRIEVANCE (REQUEST) SUBJE	CT CODE (Chack applicable I	DOX): INMATE SIGNATURE (FIL	rma dal Prenalt		DATE RESPONSE WAS RECEIVED:
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NON-GRIEVANCE SUBJECT		KIL	1/2	21.100	9,2,15
NON-GRIEVANCE SOBJEC		- 1000	190 /30	goe	
	INMATE'S RI	EQUEST FOR AN APPE	AL (Solicitud de Ape	lación del Preso)	
* To exhaust ad	Iministrative remedies	, appeals must be made v	within 14 days of the	data the inmate rec	reived the response
* Las apelacio	ones tendrán que ser s	sometidas dentro de los 14 todas las posibles respue			ouesta para agotar
DATE OF INMATE'S REQUEST I	FOR AN APPEAL · (Fecha			1,2,1	3
	•		der deternatoj.		
INMATE'S BASIS FOR AN APPEAL (E	lase del detenido para una ape	elacion):	,		r war and
Kintels	vetic +	Birana UI	45 cliss	mit min	of Before
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ADMINIS	TRATOR / DESIGNEE	'S ACCEPTANCE OF INM	ATE'S APPEAL?	Yes (S	i) No
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ADMINISTRATOR / DESIGNEE'S DEC	ISION OR RECOMMENDATIO	N (Decision o recomendacion por pa	rte del administrador o / su de	esignado(a)):	- F
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INMATE SIGNATURE (Firma del Presi	o):	a line	The state of the s	DATE INMATE RECE	IVED APPEAL RESPONSE:
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FCN-48 (Rev. 09/14)

WHITE COPY - PROGRAM SERVICES

YELLOW COPY - CRW / PLATOON COUNSELOR

PINK COPY - INMATE

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FCN-48 (Rev. 09/14)

COOK COUNTY SHERIFF'S OFFICE (Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM

WHITE COPY - PROGRAM SERVICES

GRIEVANCE	NON-GRIEVANCE	(REQUEST
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	o / Respuesta / Forma de Apelación)	20151	3473
	INMATE INFORMATION (Informace	ón del Preso)	
INMATE LAST NAME (Apellido del Preso):	INMATE FIRST NAME (Primer Nombre):	ID Number (# de iden	tificación):
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	E / NON-GRIEVANCE (REQUEST) F RE THOSE INVOLVING AN IMMEDIATE THREA		OF AN INMATE)
CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLA			
330-33			
IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if app	ficable):		
CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE	//REQUEST TO (Example: Superintendent, Cermak He	alth services, Personnel):	DATE REFERRED:
RESPONSE BY PERSONNEL HANDLING REFERRAL:	L. C. W.A.		
Seenly and	10 - 17. Ve Cl	agent Carry	12 mill 3/5
Sen in part 1/sif.	15		
PERSONNEL RESPONDING TO GRIEVANCE (Print):	SIGNATURE:	DIV. / DEPT.	DATE:
PERSONNEL RESPONDING TO GRIEVANCE (FIIII).	SIGNATURE.	DIV. / DEF 1.	8 130 115
Superintendents of a division/unit must revie	w all responses to grievances alleging st	taff use of force, staff miscond	uct and emergency grievances.
SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):	SIGNATURE:	DIV. / DEPT.	DATE:
			<u> </u>
NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applica	ble box): INMATE SIGNATURE (Firma del Preso)	1	DATE RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida):
NON-GRIEVANCE SUBJECT CODE:	Kidney	Herry	9,3,15
	REQUEST FOR AN APPEAL (Solic	itud de Analogián del Presel	
INMATES	REQUEST FOR AN APPEAL (SOIIC	itud de Apelación del Presoj	
* To exhaust administrative remed	lies, appeals must be made within 14 d	ays of the date the inmate rec	ceived the response.
* Las apelaciones tendrán que se	er sometidas dentro de los 14 días; a pa todas las posibles respuestas admi	rtir que el preso recibió la resp nistrativas	puesta para agotar
DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fee		G 1 5 11	5.
INMATE'S BASIS FOR AN APPEAL (Base del detenido para una			
THINKING BASIS FOR AIR ATT EAC (Dase del deterrido para dire	a apolacion).		
11/11 Stork 1	Addy I denial	112 +1EA	for out
			44
	IEE'S ACCEPTANCE OF INMATE'S APP		No No
¿ Apelación del detenido ace	eptada por el administrador o/su designa	do(a)?	4.
ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDA	ATION (Decision o recomendacion por parte del admini-	strador o / su designado(a)):	F
		2-1	
		-	A STATE OF THE STA
ADMINISTRATOR / DESIGNEE (Administrador o / su Designado)	(a)): SIGNATURE (Firma del Administrado	or o / su Designado(a)):	DATE (Fecha):
Turin Thylin	· Charles	Chilypped	9 122 17
INMATE SIGNATURE (Firma del Preso):			IVED APPEAL RESPONSE: so recibio respuesta a su apelacion):
Risnam L	me	9	125115
FCN-48 (Rev. 09/14) WHITE COPY	- PROGRAM SERVICES YELLOW COL	PY - CRW / PLATOON COUNSELOR	PINK COPY - INMATE

YELLOW COPY - CRW / PLATOON COUNSELOR

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INMATE GRIEVANCI		CONTROL#	IIVIVIATE ID #				
(Formulario de Queja del Preso)							
! THIS SECTION IS TO BE COMPLETED B	BY INMATE SERVICES STAFF OF	NLY! (! Para ser llenado so	lo por el personal de Inmate Services !)				
GRIEVANCE FORM PROCESSED	AS:	REFERRED TO:					
☐ EMERGENCY GRIEVANCE		CERMAK HEALTH S	SERVICES				
GRIEVANCE		SUPERINTENDENT	<u> </u>				
NON-GRIEVANCE (REQUES	ST)	OTHER:					
PRINT - INMATE LAST NAME (Apellido del Preso):	PRINT - FIRST NAME (Primer No	The state of the s	INMATE BOOKING NUMBER (# de identificación del detenido)				
Harris	Redonas		2011 1112 058				
DIVISION (División):	LIVING UNIT (Unidad):		DATE (Fecha):				
10	48		8-6-15				
INMATE'S BRIEF	SUMMARY OF THE COMPL	AINT (Breve Resumen de los	s Hechos del Preso):				
 An inmate wishing to file a grievance is require Inmate Disciplinary Hearing Board decisions ca When a grievance issue is processed as a NON-there has been no response to the request or to Only one (1) issue can be grieved per form. 	nnot be grieved or appealed thro GRIEVANCE (REQUEST), an inmat	ugh the use of an Inmate Grieva e may re-submit the grievance is	ance Request/Response/Appeal Form. issue after 15 days to obtain a "Control Number" if				
 Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente. Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación. Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria. Sólo una queja por formulario 							
	DATE OF INCIDENT (Fecha Del Incidente) TIME OF INCIDENT (Hora Del Incidente) SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente)						
8-4-15 Approx 12:30 P.M Unit 48 Div. 10, Dispension							
8-1-15, 8-2-15, 8-3-13 and 8-4-14, reportedly required to be sunt to							
disegrare he observe re	· · · · · · · · · · · · · · · · · · ·	rest suching o					
Mes of Aluce Teller	2 111	en Posteron.	In fection Goods				
Grant to down at Co	mot who imm		or & Comme House				
English for traderic	s of ofference (10	which and to	t wilden Pleaded				
to medial assistance	No 4 days	shoe T was	aver tradment				
ACTION THAT YOU ARE REQUESTING, THIS SECTION	MUST BE COMPLETED (Acción qu	ue esta solicitado, Esta sección de	ebe completarse)				
That CODOC Stell	descentione to	Costman 1	delibuate indifference				
Hat delens and de	enves thise	n Sesions n	end of motical				
fristment							
IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANO	CE FORM MORE THAN 2 DAYS SIN						
(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANT		JSO LA FECHA DESDE UN PRINCIPIO,					
NAME OF STAFF OR INMATE(S) HAVING INFORMATION REG	GARDING THIS COMPLAINT:	INMATE SIGNATUR	RE AND DATE: (Firma del Preso/Fecha):				
moniure dei personal a presos que tengan injurnacion; j	(Nombre del personal o presos que tengan información:)						
SUPERINTENDENT/DIRECTOR/DESIGNEE OF A D	DIVISION/UNIT MUST REVIEW AN	D SIGN ALL GRIEVANCES ALLEGI	NG STAFF USE OF FORCE, STAFF MISCONDUCT,				
AND EMERGENCY GRIEVANCES. IF THE IN	MATE GRIEVANCE IS OF A SERIO	US NATURE, THE SUPERINTENDE	ENT MUST INITIATE IMMEDIATE ACTION.				
CRW/PLATOON COUNSELOR (Print):	SIGNATURE:	100.13	DATE CRW/PLATOON COUNSELOR RECIEVED:				
SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):	SIGNATURE:	900	DATE REVIEWED:				

Case: 1:16-cv-03175 Pocument #: 7 Filed: 04/19/16 Page 25 of 42 Ragel D #:83 (Oficina del Alguacil del Condado de Cook) control

CONTROL#	INMATE ID

INMATE GRIEVANCE FORM (Formulario de Queja del Preso)						
	MPLETED BY INMATE SERVICES STAF	F ONLY! (! Para ser llenad	lo solo por el personal de Inmate Services !)			
GRIEVANCE FORM PRO	OCESSED AS:	REFERRED TO:	REFERRED TO:			
☐ EMERGENCY GRIE	VANCE	CERMAK HEAL	TH SERVICES			
GRIEVANCE	·VIIIOE	SUPERINTEND				
	(2201507)					
NON-GRIEVANCE	(REQUEST)	OTHER:				
		ON (Información del Preso				
PRINT - INMATE LAST NAME (Apellido del Preso)	PRINT - FIRST NAME (Prim	ner Nombre):	INMATE BOOKING NUMBER (# de identificación del detenido)			
Harper	LIVING UNIT (Unidad):		2011 1112 058 DATE (Fecha):			
DIVISION (División):	LIVING UNIT (Unidea):	IR	12-18-15			
INMATE	'S BRIEF SUMMARY OF THE COM	API AINT (Breve Resumen o	le las Herhas del Presa):			
 there has been no response to the r Only one (1) issue can be grieved pe Un preso que desea llenar una queja, Las decisiones del Comité Disciplinario 	equest or the response is deemed unsati or form. . se le requiere que lo haga dentro de los s io de los presos, no podrán ser cuestionad una QUEJAS NO (PETICION), un preso pod	isfactory. 15 días después del incidente. las o Apeladas a través del uso o	nce issue after 15 days to obtain a "Control Number" if del Formulario de Quejas/Respuesta/Forma de Apelación. rés de los 15 días para recibir un "Numero de Control", ya			
DATE OF INCIDENT (Fecha Del Incidente)	TIME OF INCIDENT (Hora Del Incidente)	SPECIFIC LOCATION (OF INCIDENT (Lugar Específico Del Incidente)			
8-4-15	7-3 shift.	48,	Div 10			
This an wante is	filed in Supplem	nest of a co	molar I filed ancion			
Posterior for a for	of medical freely	fred by Nur for a pres	1			
- Glad . I'm r	amisting a r	esponse to y	the Grickuner I			
filed on S-	6-15.					
ACTION THAT YOU ARE REQUESTING, TH	S SECTION MUST BE COMPLETED (Acció	ón que esta solicitado, Esta secci	ón debe completarse)			
That I be 0	iten a response	in 1/101	to complete the			
Chaustin	Dreetss		*			
			NG IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE			
	ATE AND INITIAL TO ACCURATELY REFLE					
(SI ELEGIDO PRESENTAR SU QUEJA MAS DE		LE PUSO LA FECHA DESDE. UN PRINC A SUMITIR SU FORMA)	CIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS			
NAME OF STAFF OR INMATE(S) HAVING INFOR (Nombre del personal o presos que tengan infor		INMATE SIGN	LATURE AND DATE: (Firma del Preso/Fecha):			
			LEGING STAFF USE OF FORCE, STAFF MISCONDUCT, ENDENT MUST INITIATE IMMEDIATE ACTION.			
CRW/PLATOON COUNSELOR (Print):	SIGNATURE:	M. P. A	DATE CRW/PLATOON COUNSELOR RECIEVED:			
SUPERINTENDENT/DIRECTOR/DESIGNEE (Print)	: SIGNATURE:		DATE REVIEWED:			
SOLEMINI CHOCKY DESIGNEE (Print)	. SIGNATURE:	0	DATE REVIEWED.			

(FCN-40)(SEP 14)

(WHITE COPY - INMATE SERVICES)

(YELLOW COPY - CRW/PLATOON COUNSELOR)

(PINK COPY - INMATE) 9-6-15



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(Oficina del Alguacil del Condado de Cook)

INIMATE CRIEVANCE FORM

INIVIA	AIL	GK	IEV	ANCE	FUR	IV

CONTROL#	INMATE ID#

(Formulario de Queja del Preso,		-5			
! THIS SECTION IS TO BE COMPLETED BY IN		! (! Para ser llenado so	olo por el personal de Inmate Services !)		
GRIEVANCE FORM PROCESSED AS	: RE	FERRED TO:			
☐ EMERGENCY GRIEVANCE		CERMAK HEALTH	SERVICES		
GRIEVANCE		SUPERINTENDENT	Τ:		
NON-GRIEVANCE (REQUEST)		OTHER:			
PRINT - INMATE LAST NAME (Apellido del Preso):	NMATE INFORMATION (Inj PRINT - FIRST NAME (Primer Nombre		INMATE BOOKING NUMBER (# de identificación del detenido)		
Harper	Bednago		2011 111/2 058		
DIVISION (División):	LIVING UNIT (Unidad):		DATE (Fecha):		
10	48		8-18-15		
INMATE'S BRIEF SUM	MARY OF THE COMPLAIN	「 (Breve Resumen de lo	s Hechos del Preso):		
 An inmate wishing to file a grievance is required to describe the processed as a NON-GRIEV there has been no response to the request or the reservance. Only one (1) issue can be grieved per form. Un preso que desea llenar una queja, se le requiere que Las decisiones del Comité Disciplinario de los presos, recuando una Queja se procesa como una QUEJAS NO (sea porque no hay una respuesta o porque la respuese Sólo una queja por formulario. 	be grieved or appealed through to VANCE (REQUEST), an inmate mate sponse is deemed unsatisfactory. The sponse is deemed unsatisfactory are lost a deamed and lost 15 dias de lost podrán ser cuestionadas o Apel (PETICION), un preso podría re-son	the use of an Inmate Griev. y re-submit the grievance espués del incidente. ladas a través del uso del F	issue after 15 days to obtain a "Control Number" if ormulario de Quejas/Respuesta/Forma de Apelación.		
DATE OF INCIDENT (Fecha Del Incidente) TIME OF INCIDE	ENT (Hora Del Incidente)	SPECIFIC LOCATION OF IN	ICIDENT (Lugar Específico Del Incidente)		
2 11 12			2 2 2 10		
1 2	y. 12:30 P.M.		DIVIO.		
	vante relation		in mideal treament		
for an infection in my	ight foot. The 9	rievant No	5 given control #		
2015 39 66 This grivan	ce has facts	1 to be 1	espinded to una		
findly manner. Thirt	418 = 6,30 f	Thing this	follow up griwance		
in effort to whavest	my admi. si	rolive Ith	neders.		
	0		A solven		
ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST	T BE COMPLETED (Acción que est	a solicitado, Esta sección d	ebe completarse)		
That Griefond 2015390	66 be given	A MAPR	use in effect		
of the expansion	I administrate	ve remo	1115		
IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FOI DATE AND INITIAL (SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE	L TO ACCURATELY REFLECT THE DA	AY YOU CHOSE TO SUBMIT FECHA DESDE UN PRINCIPIO	THE FORM.		
NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDIN			RE AND DATE: (Firma del Preso/Fecha):		
(Nombre del personal o presos que tengan información:) Por sona de tengan información:)					
SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION	ON/LINIT MILST PEVIEW AND SIG	N ALL GRIEVANCES ALLEG	40,10		
AND EMERGENCY GRIEVANCES. IF THE INMAT					
CRW/PLATOON COUNSELOR (Print):	SIGNATURE:	MX	DATE CRW/PLATOON COUNSELOR RECIEVED:		
SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):	SIGNATURE:	(DATE REVIEWED:		

Case: 1:16-cv-03175 Document #: 7 Filed: 04/19/16 Page 27 of 42 PageID #:85

	GRIEVANCE		NON-GRIEVANCE (R	EQUEST
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(Oficina del Alguacil del Cond			CONTROL #			
INMATE GRIEVANCE FO						
1 This section is to be completed by Progra	m Services staff - ONLY	l (! Para ser llenado solo	por el personal de Program Services !)			
GRIEVANCE FORM PROCESSED	AS:	REFERRED TO:				
☐ EMERGENCY GRIEVANCE		CERMAK HEALT	'H SERVICES			
GRIEVANCE		SUPERINTENDE	NT:			
NON-GRIEVANCE (REQUEST)		OTHER:				
Program Services Supervisor Approving Non-Grievan	nce (Request) Signature					
		N (Información del Preso)				
PRINT - INMATE LAST NAME (Apellido del Preso):	PRINT - FIRST NAME (Primer	Nombre):	ID Number (# de identificación): 201/1//2058			
DIVISION (División):	LIVING UNIT (Unidad):		DATE (Fecha):			
10	48		8 1 25 1 15			
INMATE'S BRIEF SUMI	MARY OF THE COMP	PLAINT (Breve Resumen	de los Hechos del Preso):			
* Inmate Disciplinary Hearing Board decisions * When a grievance issue is processed as a	s cannot be grieved or appeal NON-GRIEVANCE (REQUEST),		Grievance Request/Response/Appeal Form. evance issue after 15 days to obtain a "Control			
* Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente. * Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación. * Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.						
(Por Favor, Incluya: Fe	Date of Incident - Tirecha Del Incidente - Ho		fic Location of Incident Específico Del Incidente)			
Since 8-5-15 T have b	een awaiting	areyouse to	grevanors I flet.			
The grewomers concerned	the delay	Idenal of m	edical freetment for what			
turned out to be a son	our intection	m my right	pot. I have been given			
excuse ofthe excust about	+ His delay	in processing	me gravance. Fling a			
grayanie is something ?	have a	institutimet	ight to do, and is a			
protected conduct of w	thich I am	rightheth atty	uplo to seek a remede			
A remedy that CCDOC	officials me	heat of secur	hy staff, prevent a			
detance from Uhlzing	is not ava	lable under	42 U.S. C. \$ 1997 = (a)			
A continued non response	to a great	yants is a	start a deniet, ant			
there for I'm appealing	this non	response to	my fled growing.			
ACTION THAT YOU ARE REQUESTING (Acción que esta solicitado	A finely	response to	The greateners =			
filed in effort to a	Gairt Su	adminstration	16 repolits. This			
1'S a GRIEVANCE, A	of a refer		- 1			
NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDI (Nombre del personal o presos que tengan información:)	ING THIS COMPLAINT:	INMATE SIGNA	TURE (Firma del Preso):			
SUPERINTENDENTS/DIRECTORS/DESIGNEES OF A DIVI	SION/LINIT MUST PEVIEW	AND SIGN ALL GRIEVANCES A	LEGING STAFF USE OF FORCE STAFF MISCONDUCT			
AND EMERGENCY GRIEVANCES. IF THE INMAT	E GRIEVANCE IS OF A SERI	OUS NATURE, THE SUPERINT	ENDENT MUST INITIATE IMMEDIATE ACTION.			
CRW/PLATOON COUNSELOR (Print):	SIGNATURE:		DATE CRW/PLATOON COUNSELOR RECIEVED:			
SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):	SIGNATURE:	/	DATE REVIEWED:			

(FCN-47)(NOV 11)

Capo Liconoto 3476 Page whate #: 7 Filed Pakilance Page 28 Page 28 Page 186 (Oficina del Alguacil del Condado de Cook) CONTROL# INMATE ID# **INMATE GRIEVANCE FORM** (Formulario de Queja del Preso) THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY! (! Para ser llenado solo por el personal de Inmate Services !) **GRIEVANCE FORM PROCESSED AS:** REFERRED TO: CERMAK HEALTH SERVICES **EMERGENCY GRIEVANCE** SUPERINTENDENT: GRIEVANCE NON-GRIEVANCE (REQUEST) OTHER: INFORMATION (Información del Preso) INMATE BOOKING NUMBER (# de identificación del detenido) PRINT - INMATE LAST NAME (Apellido del Preso): 2011 1112 058 LIVING UNIT (Unidad): DATE (Fecho): DIVISION (División): INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso, An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving. Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form. When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory. Only one (1) issue can be grieved per form. Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente. Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación. Cuando una Queja se procesa camo una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria. Sólo una queja por formulario DATE OF INCIDENT (Fecha Del Incidente) TIME OF INCIDENT (Hora Del Incidente) SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente) - 25-15 untimal 165 ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse) IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM. (SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA) NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT: INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha): (Nombre del personal o presos que tengan infarmación:) SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION. CRW/PLATOON COUNSELOR (Print): SIGNATURE SUPERINTENDENT/DIRECTOR/DESIGNEE (Print): DATE REVIEWED: SIGNATURE:

COOK COUNTY

Case: 1:16-cy-03175 Document #: 7 Filed: 04/19/16 Page 29:04 42 (Reages) D #:87

(Oficina del Alguacil del Condado de Cook)

CONTROL#	INMATE ID #

(Formulario de Queja del Preso	ORM		
! THIS SECTION IS TO BE COMPLETED BY IN		(! Para ser llena d o solo	por el personal de Inmate Services !)
GRIEVANCE FORM PROCESSED AS	: REFE	RRED TO:	
☐ EMERGENCY GRIEVANCE		CERMAK HEALTH SE	RVICES
		SUPERINTENDENT:	
GRIEVANCE			
NON-GRIEVANCE (REQUEST)	L	OTHER:	
	NMATE INFORMATION (Infor	mación del Preso)	
PRINT - INMATE LAST NAME (Apellido del Preso):	PRINT - FIRST NAME (Primer Nombre):		MATE BOOKING NUMBER (# de identificación del detenido)
Harper	Bednago		2011 1112658
DIVISION (División):	LIVING UNIT (Unidad):	DA	8- 27-15
INIMATE'S PRIFE CUA	MMARY OF THE COMPLAINT	(Provio Posumon do los h	
 An inmate wishing to file a grievance is required to Inmate Disciplinary Hearing Board decisions cannot When a grievance issue is processed as a NON-GRIE there has been no response to the request or the re Only one (1) issue can be grieved per form. 	do so within 15 days of the event he t be grieved or appealed through the EVANCE (REQUEST), an inmate may r	e/she is grieving. use of an Inmate Grievand	ce Request/Response/Appeal Form.
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	DENT (Hora Del Incidente)		DENT (Lugar Específico Del Incidente)
01111 0-57-11 11-	41 111	11 ./ ///	1) . 11.
8-4-15-8-27-15 10-	10 4.1.	Unit 70,	Div. 10.
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	directed to a		1 1 11
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This is a griwante	directed to a the bouncing as T and submitted CCT staff in		1 1 11
This is a griwante	directed to a the houncing as the and submitted CCT staff in Drocess and		wison Mr. Mueller.
This is a griwante It concerns the delban griwants filed in CC intentional observetions by	CCT staff m	RW super	where impossible to
This is a griwante It concerns the delban griwants filed in CC intentional observetions by	Tand submitted CCT staff m process and	RW super	wisor Mr. Mueller. Inhally responses to workers. These work impossible to
This is a griwante It concerns the Albania gritwants filed in CC intentional observations by Complete the gritwance remarkets. ACTION THAT YOU ARE REQUESTING, THIS SECTION MUSICAL	T and Submitted CCT Staff M process and ST BE COMPLETED (Acción que esta	RW super	wisor Mr. Mueller. Inhally responses to workers. These work impossible to
This is a griwante It concerns the Albania gritwants filed in CC intentional observations by Complete the gritwance remarkets. ACTION THAT YOU ARE REQUESTING, THIS SECTION MUSICAL	Tand submitted CCT staff m process and	RW super	wisor Mr. Mueller. Inhally responses to workers. These work impossible to
This is a griwante It concerns the Albania gritwants filed in CC intentional observations by Complete the gritwance remarkets. ACTION THAT YOU ARE REQUESTING, THIS SECTION MUSICAL	T and Submitted CCT Staff M process and ST BE COMPLETED (Acción que esta	RW super	wisor Mr. Mueller. Inhally responses to workers. These work impossible to
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This is a griwante It concerns the Albert Gritwants filed in CC intentional obstructions by Complete the gritwance remedits. ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST frot allows to Abaustion IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FOR	Tand Submitted CCT Staff M process and streeted (Acción que esta serionista be revious) of administra	RW Superiound and Wind CPW Take It Man Salicitada, Esta sección deba Salicitada, Esta sección deba Salicitada, Esta sección deba TING AND/OR DATING ITO	exisor phr. Mureller. Infattly responses to Assertes. These These Information of the second of t
This is a griwante It concerns the Albert Gritwants filed in CC intentional obstructions by Complete the gritwance remedits. ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST frot allows to Abaustion IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FOR	ST BE COMPLETED (Acción que esta :	TING AND/OR DATING IT OF YOU CHOSE TO SUBMIT TECHA DESDE UN PRINCIPIO, ES	e completarse) That the fair mannel DRIGINALLY, YOU WILL BE ASKED TO REVISE THE HE FORM.
This is a griwante It concerns the deliberation of the primary of the destructions by complete the griwance of the griwance of the griwance of the griwance of that allows the allows the griwance of the deliberation of the griwance of the	ST BE COMPLETED (Acción que esta : Of Galment Strown DRM MORE THAN 2 DAYS SINCE WRILL TO ACCURATELY REFLECT THE DAY UE CUANDO LA ENTREGO Y LE PUSO LA F INICIALES PARA SUMITIR SU	TING AND/OR DATING IT OF YOU CHOSE TO SUBMIT TECHA DESDE UN PRINCIPIO, ESTORMA)	e completarse) That the fair mannel DRIGINALLY, YOU WILL BE ASKED TO REVISE THE HE FORM.
This is a griwant to The Concerns the Alberta Griwant of Structions by Complete the Griwant of System Struction of System System Struction of System S	ST BE COMPLETED (Acción que esta : OF GAMMINISTE COMPLETED (Acció	TING AND/OR DATING IT OF TOWNAL INMATE SIGNATURE BILL GRIEVANCES ALLEGING ALL GRIEVANCES ALLEGING	e completarse) That file priginally, you will be asked to revise the He form. S NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS AND DATE: (Firma del Preso/Fecha): G STAFF USE OF FORCE, STAFF MISCONDUCT,
This is a griwant to The Concerns the deliberation of the delibera	ST BE COMPLETED (Acción que esta : OF GAMMORE THAN 2 DAYS SINCE WRITE TO ACCURATELY REFLECT THE DAY UE CUANDO LA ENTREGO Y LE PUSO LA FINICIALES PARA SUMITIR SU ING THIS COMPLAINT: ION/UNIT MUST REVIEW AND SIGN TE GRIEVANCE IS OF A SERIOUS NAT	TING AND/OR DATING IT OF TOWNAL INMATE SIGNATURE BILL GRIEVANCES ALLEGING ALL GRIEVANCES ALLEGING	PRISON MANUALLY, YOU WILL BE ASKED TO REVISE THE HE FORM. SINCE STAFF USE OF FORCE, STAFF MISCONDUCT, IT MUST INITIATE IMMEDIATE ACTION.
This is a griwant to The Concerns the Alberta Griwant of Structions by Complete the Griwant of System Struction of System System Struction of System S	ST BE COMPLETED (Acción que esta : OF GAMMINISTE COMPLETED (Acció	TING AND/OR DATING IT OF TOWNAL INMATE SIGNATURE BILL GRIEVANCES ALLEGING ALL GRIEVANCES ALLEGING	e completarse) That file priginally, you will be asked to revise the He form. S NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS AND DATE: (Firma del Preso/Fecha): G STAFF USE OF FORCE, STAFF MISCONDUCT,

Case: 1:16 GV-03175 Perument #: 7 Filed 04/19/16 Page 30 pt 42 RageIP #:88

' (Oficina del Alguacil del Condado de Cook)		CONTROL #	SMEVANCE (REQUEST)	INMATE ID #
		CONTROL #		INIVIATE ID #
INMATE GRIEVANCE FORM (Formulario de Queja del Preso)				
! THIS SECTION IS TO BE COMP	ONLY! (! Para ser llenado s	olo por el personal de Ir	nmate Services !)	
GRIEVANCE FORM PROC		REFERRED TO:		
MERGENCY GRIEV	ANCE	CERMAK HEALTH	SERVICES	
GRIEVANCE		SUPERINTENDEN	T:	
☐ NON-GRIEVANCE (F	REQUEST)	OTHER:		
		N (Información del Preso)		
PRINT - INMATE LAST NAME (Apellido del Preso):	PRINT - FIRST NAME (Primer	Nombre):	201/ 1/1/2	(# de identificación del detenido)
Hasper	Dearingo			
DIVISION (División):	LIVING UNIT (Unidad):	12	DATE (Fecha): 8 - 28 -	15
		10		
INMATE'S	BRIEF SUMMARY OF THE COMP	PLAINT (Breve Resumen de le	os Hechos del Preso):	
	s required to do so within 15 days of the			
	cisions cannot be grieved or appealed th			
	s a NON-GRIEVANCE (REQUEST), an inm uest or the response is deemed unsatisf		issue after 15 days to ob	ama Control Number 11
Only one (1) issue can be grieved per f	orm.			
	e le requiere que lo haga dentro de los 15	•		
The state of the s	de los presos, no podrán ser cuestionadas a QUEJAS NO (PETICION), un preso podrío			
sea porque no hay una respuesta o por		re-someter una queja despues t	e ios 15 dias para recibir c	in Numero de Control , ya
Sólo una queja por formulario				
DATE OF INCIDENT (Fecha Del Incidente)	TIME OF INCIDENT (Hora Del Incidente)	SPECIFIC LOCATION OF I	NCIDENT (Lugar Específico D	el Incidente)
8-28-15	12:10 P.M.	1 Init 41	8 . Div. 10	
0 -0 .5			1	
On 8-28-15, I file	of this griwante	concerning the	untimily a.	nd non respons
by Cermak Hraff Se	wices concerping	a delay Idenia	1 of medica	I fred ment.
The delas resulted in	me entradire	& sensus fact	intelian in	mes right
1 to and death	alled I a dul a	all T durently	1	12 115
foot a dur Chillia	MARIA TO A CIVIL C	use in chartony	more prosen	17 17 10.3
Mistrict Court, cose 19	CV1986. Again 2	am riguesting	a Copens	e to the
Grillance with con	Word # 2015 x 3966	afrom Cerm	K Highh	Services
ACTION THAT YOU ARE REQUESTING, THIS	SECTION MUST BE COMPLETED (Acción	que esta solicitado, Esta sección	debe completarse)	,-
That Comment 11-111.	Services record	L Wa clive	numberell	arievance
mar cerman Habita	John I Spine	to the above	in in its diese	111
and clase in the	intertional obstru	icing of my	efforts to	12411
my administrativ	R remedits to	resolve thi	5 Matter	
IF YOU HAVE ELECTED TO SUBMIT YOUR G				BE ASKED TO REVISE THE
	E AND INITIAL TO ACCURATELY REFLECT			
(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2		PUSO LA FECHA DESDE UN PRINCIPI: UMITIR SU FORMA)	O, ES NECESARIO QUE CAMBI	E LA FECHA Y INCLUYA SUS
NAME OF STAFF OR INMATE(S) HAVING INFORMA		INMATE SIGNATI	JRE AND DATE: (Firma del Pre	so/Fecha):
(Nombre del personal o presos que tengan infarma	ción:)	75	1 11	a share
		() la	enago of	april 1
	EE OF A DIVISION/UNIT MUST REVIEW A			
CRW/PLATOON COUNSELOR (Print):	IF THE INMATE GRIEVANCE IS OF A SERI	J. J		ON COUNSELOR RECIEVED:
Modelle MAN	VATI	11/1/11/11	8/20	115
SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):	SIGNATURE:	your	DATE REVIEWED:	
SOLEMNIE ENDERT/DIRECTOR/DESIGNEE (FRINT):	JIGINAJORE:	1	DATEMENTERS	

• Case: 1:16-cv-03175 Document #: 7 Filed: 04/19/16 Page 31 of 42 PageID #:89



RIFF'S OFFICE

ndado de Cook)

GRIEVANCE

NON-GRIEVANCE (REQUEST)

	COOK COUNTY SHE
COOK COUNTY	(Oficina del Alguacil del Cor
SHERIFF	INMATE GRIEVANCE
	(Petición de Queia del Preso

RESPONSE / APPEAL FORM

(Petición de Queja del Preso	/Respuesta / Forma de	Apelación)		NA
		ON (Información del Preso)	
INMATE LAST NAME (Apellido del Preso):	INMATE FIRST NAME (Primer	Nombre):	ID Number (# de iden	tificación):
CRIEVANC	E LNON CRIEVANCE	DECLIECT) DECERBAL	DESPONSE	12038
(EMERGENCY GRIEVANCES AF		REQUEST) REFERRAL MEDIATE THREAT TO THE WE		OF AN INMATE)
CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLA	Soo Media	AL Trat	ment	
(hill)				,
	/			
IMMEDIATE CRW/ PLATOON COUNSELOR RESPONSE (If app	icable):	ed (1514 RD	1# 20	15-3966
allighting or restures	. 0			101
CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE	/REQUEST TO (Example: Supering	endent, Cermak Health services, Per	sonnel): AJM.	DATE REFERRED: 15
RESPONSE BY PERSONNEL HANDLING REFERRAL:	200000000		13011	
All work				
PERSONNEL RESPONDING TO GRIEVANCE (Print):	SIGNATURE:	DIV.	/DEPT.	081 201 N
Superintendents of a division/unit must review	v all responses to grievan	ces alleging staff use of fo	rce, staff miscond	uct and emergency grievances.
SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):	SIGNATURE:	_ DIV.	/DEPT.	DATE:
NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applical	ole box): INMATE SIGNATURI	(Firma del Preso):		DATE RESPONSE WAS RECEIVED:
GRIEVANCE SUBJECT CODE:	P	- 1		(Fecha en que la respuesta fue recibida):
NON-GRIEVANCE SUBJECT CODE:	_ /10/	fused		81251/5
INMATE'S	REQUEST FOR AN AF	PPEAL (Solicitud de Apela	ación del Preso)	
* To exhaust administrative remed	ies, appeals must be mad	de within 14 days of the day	ate the inmate rec	eived the response
* Las apelaciones tendrán que se				
	todas las posibles res	spuestas administrativas.		
DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fed	ha de la solicitud del la apela	cion del detenido):	_//	_ >:
INMATE'S BASIS FOR AN APPEAL (Base del detenido para una	apelacion):		ī	
	Disallowed	ability	to	exhanst.
ADMINISTRATOR / DESIGN ¿ Apelación del detenido ace			Yes (S) No
ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDA	TION (Decision o recomendacion p	or parte del administrador o / su des	ignado(a)):	

ADMINISTRATOR / DESIGNEE (Administrador o / su Designado(i	signature (Fina	na del Administrador o / su Designad	lo(a)):	DATE (Fecha):
INMATE SIGNATURE (Firma del Preso):				VED APPEAL RESPONSE:
	*		(recha en que el Presi	o recibio respuesta a <mark>su apel</mark> acion):
		*		_'

Case: 1:16-cv-03175 Document #: 7 Filed: 04/19/16 Page 32 of 42 PageID #:90 COOK COUNTY SHERIFF'S OFFICE (Oficina del Aguacil del Condado de Cook) CONTROL #								
	RESPONSE / APPEAL F o/Respuesta/Forma de Apelad	ión)	WHE	AMURI NA				
INMATE LAST NAME (Apellido del Preso):	INMATE INFOF		ID Number (# de	Identificación):				
	/ NON-GRIEVANCE (REQ			N INMATE)				
Situation and the same and the	CRW/PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT: Medical rection.							
	/		-					
HMMEDIATE CRWYPLATOON COUNSELOR RESPONSE (if app	veriously su	omitted 110	Un 1#	2015 X396 6				
awarding a response			3					
CRW/PLATOON COUNSELOR REFERRED THIS GRIEVANCE/F RESPONSE BY PERSONNEL HANDLING REFERRAL:	REQUEST 10 (Example: Superintendent,	Cermak Health Services, Pers	sonnel):	DATE REFERRED:				
Allatal			1					
			16	100 (100)				
PERSONNEL RESPONDING TO GRIEVANCE (Print):	SIGNATURE:		1 -	DATE:///////				
Superintendents of a division/unit must review SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):	ew all responses to grievances a SIGNATURE:			nd emergency grievances.				
NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applica	ble box): INMATE SIGNATURE (Firma	del Preso):		DATE RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)				
NON-GREIVANCE SUBJECT CODE:	EQUEST FOR AN APPEAL	(Solicitud de Apelac	ión del Preso)	0 1911				
* To exhaust administrative reme		thin 14 days of the date	the inmate received					
DATE OF INMATE'S REQUEST FOR AN APPEAL: (FG	todas las posibles respues	tas administrativas.						
INMATE'S BASIS FOR AN APPEAL: (Base del detenido pera u	the state of the s	dir der deterilido.)						
Disa	Unilly me	abi/1/4	10	exhaust				
	/	0						
(¿ Apelación del detenido ace	NEE'S ACCEPTANCE OF INMATE' eptada por el administrador o/su	designado(a)?)	Yes (Si) No					
ADMINISTRATOR/DESIGNEE'S DECISION OR RECOMMENDA	VILLAR. (Decision o recomendacion por p	arte del administrador o/su o	designado(a):)					
		5.						
ADMINISTRATOR/DESIGNEE (Administrador o/su Designado	o(a)): SIGNATURE (Firma del Ad	dministrador o/su Designado((a):):	DATE (Fecha):				
INMATE SIGNATURE (Firma del Preso):				VED APPEAL RESPONSE so recibio respuesta a su apelación):				

(FCN-48)(NOV 11)

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GRIEVANCE

NON-GRIEVANCE (REQUEST)

COOK COUNTY SHERIFF'S OFFICE (Officina del Alguacil del Condado de Cook) ATE ODIEVANCE DESDONSE / APPEAL FORM

	Respuesta / Forma de Apelación)		NA
	INMATE INFORMATION (Información de	el Preso)	
INMATE LAST NAME (Apellido del Preso):	INMATE FIRST NAME (Primer Nombre):	1D Number (# de ider	tifficación):
	/ NON-GRIEVANCE (REQUEST) REFE	RRAL & RESPONSE	
	THOSE INVOLVING AN IMMEDIATE THREAT TO		OF AN INMATE)
CHW/PEATOON COUNSELONS SOMMANT OF THE COMPLAINT	•	7.0	
200 MEDIENT TREAT	ALLAT		
IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applica	able): (1) (1) (1) (1) (1)	1- 1-	Econ Mans
Still and A in Marian	CAN CONTRACTOR CO	15 2911	5800 (KW
Still awaiting exposise	from contract. 20	13166	
CRW / PLATOON COUNSELOR, REFERRED THIS GRIEVANCE / /F	REQUEST TO (Example: Superintendent, Cermak Health ser	vices, Personnel):	DATE REFERRED: 26 1/5
RESPONSE BY PERSONNEL HANDLING REFERRAL:		:	
per above		-L	
			1994 f
PERSONNEL RESPONDING TO GRIEVANCE (Print):	IGNATURE:	DIV. / DEPT.	DATE:
Superintendents of a division/unit must review	all recognizes to grisvances alleging staff u	so of force, staff missons	Just and omergency grievances
	IGNATURE:	DIV. / DEPT.	DATE:
NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable GRIEVANCE SUBJECT CODE:	box): INMATE SIGNATURE (Firma del Preso):	11	DATE RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida):
NON-GRIEVANCE SUBJECT CODE:	- Dedays	Harper	912115
INMATE'S F	REQUEST FOR AN APPEAL (Solicitud of	le Apelación del Preso)	, , , , , , , , , , , , , , , , , , , ,
		-1	solved the manages
To oxidate daminotidate formodic	s, appeals must be made within 14 days o sometidas dentro de los 14 días; a partir qu		
Las apelaciones tenuran que ser	todas las posibles respuestas administra	ativas.	
DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha	a de la solicitud del la apelacion del detenido):	9/2/	_
INMATE'S BASIS FOR AN APPEAL (Base del detenido para una ap	pelacion):		
Still av utin	is response som	n Grieve	in fold
7-8-15			
	E'S ACCEPTANCE OF INMATE'S APPEAL?		Si) No
ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION	ON (Decision o recomendacion por parte del administrador	o / su designado(a)):	and the second s
		н_	
ADMINISTRATOR / DESIGNEE (Administrator o / su Designado(a))	: SIGNATURE (Firma del Administrador o / su	Designado(a)):	DATE (Fecha):
	4		
INMATE SIGNATURE (Firma del Preso):			EIVED APPEAL RESPONSE: so recibio respuesta a su apelacion):
		(_11

Caso kichony of the fifth whate #: 7 Filed Danish Paron 3 hour Acreages D #:92

(Oficina del Alguacil del Condado de Cook) CONTROL# **INMATE ID#** INMATE GRIEVANCE FORM (Formulario de Queja del Preso) THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY! (! Para ser llenado solo por el personal de Inmate Services !) REFERRED TO: GRIEVANCE FORM PROCESSED AS: CERMAK HEALTH SERVICES **EMERGENCY GRIEVANCE** GRIEVANCE SUPERINTENDENT: OTHER: NON-GRIEVANCE (REQUEST) INMATE INFORMATION (Información del Preso) INMATE BOOKING NUMBER (# de identificación del detenido) PRINT - INMATE LAST NAME (Apellido del Preso): 2011 1112 058 sednago DIVISION (División): DATE (Fecha): INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving. Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form. When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory. Only one (1) issue can be grieved per form. Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente. Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación. Cuando una Queja se procesa como una QUEJAS NO (PETICION), un presa podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria. Sólo uno queja por formulario DATE OF INCIDENT (Fecha Del Incidente) 8-14-15 I filed a gricyonic concerning the delay Idenial of medicul treatment for infection found in my rt. foot. Receiving no response, this gricyonic was followed up by response, N. Janes, Mr. Mueller, Ms. Mcloy, Ms. Mitchell, M. Oseda have all been made aware of my efforts through these ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse) bouherny around. IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM. (SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA) NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT: (Nombre del personal o presos que tengan información:) SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION. CRW/PLATOON COUNSELOR (Print): SIGNATURE: SUPERINTENDENT/DIRECTOR/DESIGNEE (Print): SIGNATURE:

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(Oficina del Alguacil del Condado de Cook)

CONTROL#	INMATE ID

INIMA	\TF	GRIE	MM	CE	FORM
HAIAIN	716	CIVIL	AWIA	CLI	OILIAI

(Formulario de Queja del Preso)					
! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF O		ONLY! (! Para ser llenado s	solo por el personal de Inmate Services !)		
GRIEVANCE FORM PROCESSED AS EMERGENCY GRIEVANCE GRIEVANCE NON-GRIEVANCE (REQUEST)		REFERRED TO: CERMAK HEALTH SERVICES SUPERINTENDENT: OTHER:			
PRINT - INMATE LAST NAME (Apellido del Preso):	PRINT - FIRST NAME (Primer N	(Información del Preso)	INMATE BOOKING NUMBER (# de identificación del detenido)		
Horper	Bednago		2011 1112 058		
DIVISION (División):	LIVING UNIT (Unidad):	R	DATE (Fecha): 9-15-15		
	ANA RY OF THE COMP	AINT /S			
 INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso): An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving. Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form. When a grievance issue is administratively determined to be processed as a non-grievance request, it will not be assigned a control #, nor can it be appealed or remedies exhausted, however, an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request, or the response is deemed unsatisfactory. Only one (1) issue can be grieved per form. Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente. Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación. Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria. 					
Sólo una queja por formulario DATE OF INCIDENT (Fecha Del Incidente) TIME OF INCID	ENT (Hora Del Incidente)	SDECIEIC LOCATION OF I	NCIDENT (Lugar Específico Del Incidente)		
	A.M.		4B Div 10		
This complaint concerns the	continued 1	denial of a	response to grievances		
fited 8-4-15, 8-6-15, 8-18-1	5, 8-25-15, 8-	26-15, 8-27-15,	and 9-11-15. Each of these		
grievances concorned the	delan Idenie	of of medical	treatment for what		
funned out to be a seriou	/ /				
incurrence of an attemp	,		d ba me in the U.S.		
District Court, no. 14CVI	986. The full	The Clamages	from the infection and		
	77 DE COM LETES (ACCION 9	de esta soneitado, Esta section	debe completed sey		
the allay in treatment ga	VE MISE to -	this complaint			
Since 8-4-15, 1 have	made con	finuous and			
IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FO	USING THE	Ari Wante 34			
DATE AND INITIA	L TO ACCURATELY REFLECT	THE DAY YOU CHOSE TO SUBM	IT THE FORM.		
(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QU	IE CUANDO LA ENTREGO Y LE P INICIALES PARA SU		O, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS		
NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDI (Nambre del personal o presos que tengan información:)	NG THIS COMPLAINT:	Bedon	ure and DATE: (Firma del Preso/Fecha):		
SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISI AND EMERGENCY GRIEVANCES. IF THE INMAT					
CRW/PLATOON COUNSELOR (Print): SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):	SIGNATURE:	Milde (2)	DATE CRW/PLATOON COUNSELOR RECIEVED:		

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(Oficina del Alquacil del Condado de Cook)

ΝΜΔΤ	F GRII	VANC	F FORM

CONTROL#	INMATE ID #

ormulario de Queja del Preso)	
LIS TO BE COMPLETED BY INMATE SERVICES STAFE ONLY	Il Para ser llenado solo nor el nersonal de Inmate Services

: This section is to be confreeled by intimate services start oner.				
GRIEVANCE FORM PROCESSED AS:	REFERRED TO:			
☐ EMERGENCY GRIEVANCE	CERMAK HEALTH SERVICES			
GRIEVANCE	SUPERINTENDENT:			
NON-GRIEVANCE (REQUEST)	OTHER:			

✓ NON-GRIEVANCE (REQUEST)	OTHER:	
	NMATE INFORMATION (Información del Preso)	
PRINT - INMATE LAST NAME (Apellido del Preso):	PRINT - FIRST NAME (Primer Nombre):	INMATE BOOKING NUMBER (# de identificación del detenido)
Harper	Bednago	2011 1112 058
DIVISION (División):	LIVING UNIT (Unidod):	DATE (Fecha):
10	48	9-17-13

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is administratively determined to be processed as a non-grievance request, it will not be assigned a control #, nor can it be appealed or remedies exhausted, however, an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request, or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)	TIME OF INCIDENT (Hora Del Incidente)	SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente)		
8-4-15	9:40 A.M.	Unit 48 Div. 10		
CCJ. My complain	its have been unansi	versed through non-responses and/or		
ignoring , disallowing	is me the opportunite	, to exhaust remedies, Among the		
CCT Staff who he	are been made anar	c of my numerous complaints		
on this matter a	re: Supt. Walsh, Con	nie Manella, Norse Tefferson,		
Aurse Mancy Chui	Kukmal, M.Oseda of	I.S.A. CRW McCoy, CRW Nitchell		
Nurse Monica Amber, CRN Platoon Counselor N. Jones, as well				
ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)				
as the doctor wo	rling in the dispensar	6 on 8-11-15 now listed as		
	ntil further legal			
that arrovant has	attempted to exhaust	every remedy available to him.		
IF YOU HAVE ELECTED TO SUBMIT YOU	R GRIEVANCE FORM MORE THAN 2 DAYS SINCE W	RITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE		
D	ATE AND INITIAL TO ACCURATELY REFLECT THE DA	AY YOU CHOSE TO SUBMIT THE FORM.		

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT: (Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

	EVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MU	
CRW/PLATOON COUNSELOR (Print):	SIGNATURE:	DATE CRW/PLATOON COUNSELOR RECIEVED:
SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):	SIGNATURE:	DATE REVIEWED



(FCN-40)(APR15)

Caso 1:16-0/-03175 De Control #: 7 Filed: 04/19/16 Page 37/10/A/C2 (REGGEST) #:95 (Oficina del Alguacil del Condado de Cook) CONTROL

(-)	9	
INMATE	GRIEVAN	CE FORM

INMATE GRIEVANCE FORM					
(Formulario de Queja del Preso) I THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF O		NLY! (! Para ser llenado solo	p por el personal de Inmate Services !)		
! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF OF GRIEVANCE FORM PROCESSED AS: EMERGENCY GRIEVANCE GRIEVANCE NON-GRIEVANCE (REQUEST)		REFERRED TO: CERMAK HEALTH SERVICES SUPERINTENDENT: OTHER:			
PRINT - INMATE LAST NAME (Apellido del Preso):	PRINT - FIRST NAME (Primer N	(Información del Preso)	NMATE BOOKING NUMBER (# de identificación del detenido)		
Harry	Rednag		2011 11/2 058		
DIVISION (División):	LIVING UNIT (Unidad):		DATE (Fecha):		
10	48	3	9-17-15		
INMATE'S BRIEF SUM	IMARY OF THE COMPI	AINT (Breve Resumen de los	Hechos del Preso):		
 An inmate wishing to file a grievance is required to a linmate Disciplinary Hearing Board decisions cannot When a grievance issue is administratively determined remedies exhausted, however, an inmate may resurrequest, or the response is deemed unsatisfactory. Only one (1) issue can be grieved per form. Un preso que desea llenar una queja, se le requiere que Las decisiones del Comité Disciplinario de los presos, de Cuando una Queja se procesa como una QUEJAS NO esea porque no hay una respuesta o porque la respuese Sólo una queja por farmulario 	be grieved or appealed thri ined to be processed as a n ibmit the grievance issue at ue lo haga dentro de los 15 do no podrán ser cuestionadas (PETICION), un preso podría	ough the use of an Inmate Grieval on-grievance request, it will not iter 15 days to obtain a "Control N días después del incidente. o Apeladas a través del uso del Fol	be assigned a control #, nor can it be appealed or lumber" if there has been no response to the rmulario de Quejas/Respuesta/Forma de Apelación.		
DATE OF INCIDENT (Fecha Del Incidente) TIME OF INCIDE	ENT (Hora Del Incidente)	SPECIFIC LOCATION OF INC	IDENT (Lugar Específico Del Incidente)		
9-4-15 9:40	A.M	Unit 48	Div 10		
A prisonfigit official can be hable under 42 USC. 1983 for failure to					
respond to Violations a	f a detain	11's constitution	al rights that come to		
his or her attention, as	those noon	ed have been	made award via the		
grievante system avoita	14 at CC	T. Vance V. 7	Petus 97 F. 30 987,993		
		Gentry V. Dur	Knorth, 65 F. 3d 535,561		
		Verser V. Ely	14 , 113 F. Supp 2d. 1211		
ACTION THAT YOU ARE REQUESTING, THIS SECTION MUS	T BE COMPLETED (Acción q	ue esta solicitado, Esta sección de	be completarse)		
I have requisited all the	at - am q	sing to rigge	st through the filing		
of my grayaners. I la	anot ethan	15+ administra	tive remedies that		
ard not made avai	lable three	ugl, non-ris	ponse.		
IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FO		NCE WRITING AND/OR DATING IT			
(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QU		USO LA FECHA DESDE UN PRINCIPIO, I			
NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDII (Nombre del personal o presos que tengan información:)	NG THIS COMPLAINT:	Beds	AND DATE: (Firma del Preso/Fecha):		
SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISI AND EMERGENCY GRIEVANCES. IF THE INMAT					
CRW/PLATOON COUNSELOR (Print):	SIGNATURE:	- THE SOLEMENTER DE	DATE CRW/PLATOON COUNSELOR RECIEVED:		
SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):	SIGNATURE:		DATE REVIEWED:		

(WHITE COPY - INMATE SERVICES) (YELLOW COPY - CRW/PLATOON COUNSELOR) (PINK COPY - INMATE)

COOK COUNTY SHERIFF SUFFICE #: 7 Filed D4/19/16 Page 38 Of A2 (REQUEST) D #:96 (Oficina del Alguacil del Condado de Cook) CONTROL

		CO	١
			1

INMATE GRI	EVANCE FORM Queja del Preso)				
	APLETED BY INMATE SERVICES STAFF (ONLY! (! Para ser llenado solo po	or el personal de Inmate Services !)		
GRIEVANCE FORM PRO	OCESSED AS:	REFERRED TO:			
☐ EMERGENCY GRIE		CERMAK HEALTH SER	VICES		
GRIEVANCE	WAITE	SUPERINTENDENT:			
4 _	(DECLIFICE)				
NON-GRIEVANCE	(KEQUEST)	OTHER:			
		N (Información del Preso)			
PRINT - INMATE LAST NAME (Apellido del Preso).	PRINT - FIRST NAME (Primer		ATE BOOKING NUMBER (# de identificación del detenido)		
Harper DIVISION (División):	LIVING UNIT (Unidad):		2011 1112 058		
/O	LIVING ONLY (SMIGLE).	3	9-17-15		
INMATE	'S BRIEF SUMMARY OF THE COMP	LAINT (Breve Resumen de los He	chos del Preso):		
An inmate wishing to file a grievance	e is required to do so within 15 days of the	event he/she is grieving.			
Inmate Disciplinary Hearing Board d	ecisions cannot be grieved or appealed the	ough the use of an Inmate Grievance			
	tratively determined to be processed as a in nmate may re-submit the grievance issue a		ssigned a control #, nor can it be appealed or ber" if there has been no response to the		
 request, or the response is deemed Only one (1) issue can be grieved pe 					
	, se le requiere que lo haga dentro de los 15	días después del incidente.			
 Las decisiones del Comité Disciplinari 	io de los presos, no podrán ser cuestionadas	o Apeladas a través del uso del Formu	lario de Quejas/Respuesta/Forma de Apelación.		
Cuando una Queja se procesa como u sea porque no hay una respuesta o p		re-someter una Queja despues de los	15 días para recibir un "Numero de Control", ya		
Sólo una queja por formulario					
DATE OF INCIDENT (Fecha Del Incidente)	TIME OF INCIDENT (Hora Del Incidente)	SPECIFIC LOCATION OF INCIDE	NT (Lugar Específico Del Incidente)		
9-4-15	9:40 A.M.	Unit 4B	Div b		
Detarne Marylift, Be	mago Harper, main	rains that the m	nishandling of		
arityaness intentu	, , ,		on process prerquesite		
to court actions, 1	1 1 1 1 1 1 1 1	failure to respo	, ,		
renders administr	ative remains un	1 111	, , , ,		
Erron BUDSHING	them firthen. 1	Wis V. Washinston	300 F. 3d 829, 833		
Dising Can role	District and Marin gerther towns V. Washington 300 r. 30 329, 333				
ACTION THAT YOU ARE REQUESTING, THI	IS SECTION MUST BE COMPLETED (Acción	que esta solicitado, Esta sección debe c	ompletarse)		
An acknowledgement	by Clf that me	stronged staff for	uled to respond to		
Violations of my	institutional right	5 Which - have	c repeatedly brought		
to their attention	n using the gri	wante sysum a	vailable at CCJ.		
	R GRIEVANCE FORM MORE THAN 2 DAYS SI ATE AND INITIAL TO ACCURATELY REFLECT		GINALLY, YOU WILL BE ASKED TO REVISE THE FORM.		
			ECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS		
NAME OF STAFF OR INMATE(S) HAVING INFOR		JMITIR SU FORMA)	D DATE: (Firma del Preso/Fecha):		
(Nombre del personal o presos que tengan inform		1 -			
		Mr. Ba	drag- Harper		
	NEE OF A DIVISION/UNIT MUST REVIEW A S. IF THE INMATE GRIEVANCE IS OF A SERIO				
CRW/PLATOON COUNSELOR (Print):	SÍGNATURE:	1 3/1 = 1/1	DATE CRW/PLATOON COUNSELOR RECIEVED:		
White Military	VIK GU	1 March	1/18/2019		
SUPERINTENDENT/DIRECTOR/DESIGNEE (Print)	SIGNATURE:	1	DATE REVIEWED:		

COOK COUNTY SHERIFPS OFFICE#: 7 Filed Oddievance Pages GRIEVANCE (REQUEST) #:97 (Officina del Alguacil del Condado de Cook) CONTROL#

CONTROL#		INMATE ID#

NMATE GRIEVANCE FORM	
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INMATE GRIEVANCE FO				
! THIS SECTION IS TO BE COMPLETED BY IN		LY! (! Para ser llenado so	lo por el personal de Inmate Services !)	
GRIEVANCE FORM PROCESSED AS		REFERRED TO:		
☐ EMERGENCY GRIEVANCE		CERMAK HEALTH	SERVICES	
GRIEVANCE		SUPERINTENDENT		
		_	•	
NON-GRIEVANCE (REQUEST)		OTHER:		
II II	NMATE INFORMATION			
PRINT - INMATE LAST NAME (Apellido del Preso):	PRINT - FIRST NAME (Primer Non	nbre):	INMATE BOOKING NUMBER (# de identificación del detenido)	
Harper	Bednago		201/11/2058	
DIVISION (División);	LIVING UNIT (Unidad):		DATE (Fecha): 10 - 16 - 15	
INMATE'S BRIFF SLIM	IMARY OF THE COMPLA	INT (Breve Resumen de lo		
An inmate wishing to file a grievance is required to			rection del mesoy.	
Inmate Disciplinary Hearing Board decisions cannot	be grieved or appealed throu	gh the use of an Inmate Griev		
 When a grievance issue is processed as a NON-GRIE's there has been no response to the request or the re 			issue after 15 days to obtain a "Control Number" if	
Only one (1) issue can be grieved per form.				
Un preso que desea llenar una queja, se le requiere que la la desiria de la comité Disciplinario			ermulario de Oueira /Bennuesta /Ferma de Analación	
 Las decisiones del Comité Disciplinario de los presos, i Cuando uno Queja se procesa como una QUEJAS NO (
sea porque no hay una respuesta o porque la respues Sólo una queja por formulario	ta es insatisfactoria.	0 106 3) 4	
	1149			
10-16-13 TIME OF INCIDENT (Fecha Del Incidente) 7:00	NT (Hora Del Incidente)	Unit 4B	CIDENT (Lugar Específica Del Incidente) Division 10	
On the dates of 9-11-15, 9-15-15, 9-17-15, I filed follow up				
delayed Idented access to medical freatment for an infection that				
had developed in my right foot. These grievances were dated				
8-6-15, 8-4-15, 8-18-15, 8-25-15, 8-26-15, 8-27-15. Only one of this				
appalling number of grieveners was given a response despite				
ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)				
the issue being brought to the attention of a number of				
C.C.D.O.C. personnel who have been directly involved with				
this collective delibera	He indiffer	nel on beh.	alf of the staff	
IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FO DATE AND INITIAL		E WRITING AND/OR DATING I E DAY YOU CHOSE TO SUBMIT		
(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QU	E CUANDO LA ENTREGO Y LE PUS INICIALES PARA SUM		, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS	
NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDI			RE AND DATE: (Firma del Preso/Fecha):	
(Nombre del personal o presos que tengan información:)		Mr. R.	Iduar Manney	
CURRENTENDENT (DIRECTOR (DECLARED OF A THREE	ON / UNIT NEWSTREWS	171.0	unings project	
SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISI- AND EMERGENCY GRIEVANCES. IF THE INMAT				
CRW/PLATOON COUNSELOR (Print):	SIGNATURE;		DATE CRW/PLATOON COUNSELOR RECIEVED:	
MICON	111		1011013	
SUPERINTENDENT/DIRECTOR/DESIGNEE (Rrint):	SIGNATURE:		DATE REVIEWED:	

COOK COUNTY SHERIF			SRIEVANCE (REQUEST)	INMATE ID#
(Oficina del Alguacil del Condado de Cook) INMATE GRIEVANCE FORM		CONTROL #		INIVIATE ID#
(Formulario de Queja del Preso)				
! THIS SECTION IS TO BE COMPLETED BY IN	MATE SERVICES STAFF C	ONLY! (! Para ser llenado s	olo por el personal d	le Inmate Services !)
GRIEVANCE FORM PROCESSED AS	:	REFERRED TO:		
☐ EMERGENCY GRIEVANCE		CERMAK HEALTH	SERVICES	
GRIEVANCE		SUPERINTENDEN	T:	
NON-GRIEVANCE (REQUEST)		OTHER:		
	NMATE INFORMATIO	N (Información del Preso)		
PRINT - INMATE LAST NAME (Apellido del Preso):	PRINT - FIRST NAME (Primer			MBER (# de identificación del detenido)
Harper	Bednago		2011 111	2058
DIVISION (Dĺvisión):	LIVING UNIT (Unidad):		DATE (Fecha):	6-15
INMATE'S PRIFE CLIA	AMARY OF THE COMP	LAINT (Breve Resumen de l		
			os Hechos del Freso)	
 An inmate wishing to file a grievance is required to Inmate Disciplinary Hearing Board decisions cannot 	be grieved or appealed thr	ough the use of an Inmate Grie		
When a grievance issue is processed as a NON-GRIE there has been no response to the request or the re			e issue after 15 days to	obtain a "Control Number" if
Only one (1) issue can be grieved per form.				
 Un preso que desea llenar una queja, se le requiere q Las decisiones del Comité Disciplinario de los presos, 			Formulario de Oueias/I	Respuesta/Forma de Apelación.
 Cuando una Queja se procesa como una QUEJAS NO 	(PETICION), un preso podría	re-someter una Queja después	de los 15 días para reci	bir un "Numero de Control", ya
 sea porque no hay una respuesta o porque la respues Sólo una queja por formulario 	sta es insatisfactoria.	Page 2 of 2	2)	
DATE OF INCIDENT (Fecha Del Incidente) TIME OF INCID	ENT (Hora Del Incidente)	SPECIFIC LOCATION OF I	NCIDENT (Lugar Específi	co Del Incidente)
10-16-15 9:00- 1/nt 4/B Division 10				
here. Each of the staff mentioned: Tom Dast, Supt. Wolsh, Connie Monnella,				
Nurse Tefforson, Nurse Nancy Chuckulmal, Nurse Monica Ahner, Dr. Jane Doe,				
until further noice, Corr. Officer Parerson. M. Oseda of I.S.A. Ms. McCoy,				
CFW Platoen Countries N. Jones and Head CRW Supervisor Mr. Mueller faited				
to respond to the Violation	is of my n	ghts unter the	Sth and 1	144 Amendaris
ACTION THAT YOU ARE REQUESTING, THIS SECTION MUS	en afterlion	through the	gri evance	process.
ACTION THAT TOO ARE REQUESTING, THIS SECTION WILL	ST BE CONFLETED (ACCION)	que esta sonchado, Esta sección	debe completursey	
Their prolonged and continuous failure to respond hos rendered the				
expansion of administrative typidies unavailable. Each are also now				
defundants.				
IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DAY YOU CHOSE TO SUBMIT THE FORM.				
(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS				
INICIALES PARA SUMITIR SU FORMA)				
NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARD (Nombre del personal o presos que tengan información:)	ING THIS COMPLAINT:	INMATE SIGNAT	URE AND DATE: (Firmg de	i Preso/Fecha):
		Didne	ago Har	per
SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVIS AND EMERGENCY GRIEVANCES. IF THE INMA	ION/UNIT MUST REVIEW A	ND SIGN ALL GRIEVANCES ALLE	GING STAFF USE OF FO	RCE, STAFF MISCONDUCT,
CRW/PLATOON COUNSELOR (Print):	SIGNATURE:	JOS WATOKE, THE SOPEKINTEN		ATOON COUNSELOR RECIEVED:
11.09	W		10/16	115
SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):	SIGNATURE:		DATE REVIEW	ED:

Case: 1:16-cv-03175 Document #: 7 Filed: 04/19/16 Page 41 of 42 PageID #:99



COOK COUNTY SHERIFF'S OFFICE

GRIEVANCE	NON-GRIEVANCE	(REQUEST
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(Oficina del Alguacil del Condado de Co	rook)	- OKIEVANOE	MONTONIE VANOE (NEGOEST)		
INMATE GRIEVANCE RESPON (Petición de Queja del Preso / Respues	CONTROL #				
(Peticion de Queja del Preso / Respues	sta / Forma de Apelación		11/4		
	E INFORMATION (Información del Preso)				
INMATE LAST NAME (Apellido del Preso): INMATE FI	IRST NAME (Primer Nombre):	ID Number (# de ident	tificación):		
CRIEVANCE (NON G	GRIEVANCE (REQUEST) REFERRAL &	RESPONSE	1000		
	VOLVING AN IMMEDIATE THREAT TO THE WEL		OF AN INMATE)		
CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPONINT:	edical Treatment				
TIMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):	8/5/15 (10 And # 2015X	3966,11	mak stand Wiera		
anne al applisationer le hare ex	housted administrat	ve rici	45		
The state of the s					
CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO	O (Example: Superintendent Cermak Health services, Person	onnel):	DATE REFERRED		
RESPONSE BY PERSONNEL HANDLING REFERRAL:	William William				
The state of the s					
	H Marian	- A 1 - A 1			
PERSONNEL RESPONDING TO GRIEVANCE (Print): SIGNATURE:	DIV. /	DEPT.	DATE:		
Cusan Shehel A	12 Mulular		12 15		
Superintendents of a division/unit must review all responsive perintendent of a division/unit must review all responsive superintendent of a division/unit must review all responsive superintendents.		ce, staff miscond	uct and emergency grievances.		
SUPERINTENDENT / DIRECTOR / DESIGNEE (Print): SIGNATURE:	DIV. 7	DEFT.	DATE.		
	NMATE SIGNATURE (Firma del Preso):		DATE RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida):		
GRIEVANCE SUBJECT CODE:	Kilised		10 . 21 . 15		
NON-GRIEVANCE SUBJECT CODE:	1000		10, 21 173		
INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)					
* To exhaust administrative remedies, appeal	ls must be made within 14 days of the da	te the inmate rec	ceived the response.		
* Las apelaciones tendrán que ser sometida	as dentro de los 14 días; a partir que el pre las posibles respuestas administrativas.	so recibió la resp	uesta para agotar		
DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solid		1 1			
INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelacion):					
THE ENGLAND OF THE PARTY OF THE			Name of the second		
	-				
			() () () () () () () () () ()		
ADMINISTRATOR / DESIGNEE'S ACCE ¿ Apelación del detenido aceptada por e		Yes (S	No No		
ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION Decision	n o recomendacion por parte del auministredor o I su desig	mado(a)):			
			10		
ADMINISTRATOR / DESIGNEE (Administrador o / su Designado(a)):	SIGNATURE (Firma del Administrador o / su Designado	o(a)):	DATE (Fecha):		
INMATE SIGNATURE (Firma del Preso):			VED APPEAL RESPONSE: o recibio respuesta a su apelacion):		
1	No. of the last of	, oona on que ar res			

	Case: 1:16-cv-03175	Document #: 7 Fi	led: 04/19/16 Pa	ge 42 of 42 Pa	geID #:100
	COOK COUNTY SHE (Oficina del Alguacil del Co			GRIEVANCE	NON-GRIEVANCE (REQUEST)
	INMATE GRIEVANCE (Petición de Queja del Pres				CONTROL#
		INMATE INFORMAT	ION (Información del Pr	eso)	
	INMATE LAST NAME (Apellido del Preso):	INMATE FIRST NAME (Prime	r Nombre):	D Number (# de iden	tificación): 12058
	(EMERGENCY GRIEVANCES A				OF AN INMATE)
	CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPL	AINT: 200 Me	dical fr	1 ighost	
		C	<u> </u>		
,	IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if as	opficable): 1840/166	5 Cotto	H-2015	391060 ROCARDIN
1	This 13500.	fictions		. 0015	
		A Park			3
	CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANC	E / /REQUEST TO (Example: Superir	tendent, Cermak Health services,	Personnel):	DATE REFERRED: / 6 / 5
	RESPONSE BY PERSONNEL HANDLING REFERRAL:	and the state of t	in the same of the same	ALL LIVE	1200
	7			Q .	2.0
					354
	PERSONNEL RESPONDING TO GRIEVANCE (Print):	SIGNATURE:	Chebelson	DIV. / DEPT.	DATE:
PK.	Superintendents of a division/unit must revi	ew all responses to grieva	nces alleging staff use o	force, staff miscond	uct and emergency grievances.
*,	SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):	SIGNATURE:		DIV. / DEPT.	DATE:
	NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applied	cable box): INMATE SIGNATUR	E (Firma del Preso):		DATE RESPONSE WAS RECEIVED:
	GRIEVANCE SUBJECT CODE:	_ D	1	201	(Fecha en que la respuesta fue recibida):
	NON-GRIEVANCE SUBJECT CODE:	- Ded	ayo fa	ipel	11 1/2/13
	INMATE'	S REQUEST FOR AN A	PPEAL (Solicitud de Ap	pelación del Preso)	
	* To exhaust administrative reme	edies, appeals must be ma	de within 14 days of the	e date the inmate rec	ceived the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir todas las posibles respuestas administ	
ATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud del la apelacion del detenido):	//

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelacion):

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL? ¿ Apelación del detenido aceptada por el administrador e/su designado(a)? Yes (Si)

No The state of th

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendación por parte del administrador o / su designado(a)):

ADMINISTRATOR / DESIGNEE (Administrador o Vsu Designado(a)):

SIGNATURE (Firma del Administrador o I su Designado(a)):

DATE (Fecha):

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE: (Fecha en que el Preso recibio respuesta a su apelacion):

YELLOW COPY - CRW / PLATOON COUNSELOR

PINK COPY - INMATE